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FACSIMILE TRANSMITTAL

TO:

Name: Examiner U. Ho

Firm: U.S. Patent & Trademark Office

Fax No.: 703-872-9303

Subject: U.S. Patent Application No. 10/098,683

Gary Karlin Michelson, M.D.

Filed: March 15, 2002

SPINAL IMPLANT CONTAINING BONE

MORPHOGENETIC PROTEIN

Attorney Docket No. 101.0042-05000

Customer No. 22882

Confirmation No. 7210

FROM:

Name: Thomas H. Martin, Esq.

Phone No.: 330-877-2277

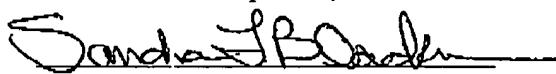
No. of Pages (including this): 15

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Message:**CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that the attached Transmittal Form (in duplicate; \$1280.00 total fee for \$950 three-month extension and \$330 Notice of Appeal), Notice of Appeal, and Amendment After Final are being facsimile transmitted to the U.S. Patent and Trademark Office on April 16, 2004.



Sandra L. Blackmon

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BOX AF
RESPONSE UNDER 37 C.F.R. 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 3731

FORM PTO-1083

Attorney Docket No.: 101.0042-05000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary Karlin Michelson, M.D.

Serial No: 10/098,683

Filed: March 15, 2002

For: SPINAL IMPLANT CONTAINING BONE
MORPHOGENETIC PROTEIN

Confirmation No.: 7210

Art Unit: 3731

Examiner: U. Ho

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a reply to the Office Action of October 20, 2003 in the above-identified application.

No additional fee is required.
 Applicant hereby requests a three-month extension of time to respond to the above Office Action.
 Notice of Appeal is enclosed.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	48	-	50	**	LG=\$18 SM=\$9	\$ 18
INDEPENDENT CLAIMS FEE	2	-	3	***	LG=\$84 SM=\$42	\$ 84
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS:						LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140
						TOTAL \$ 0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "x" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

A fee in the total amount of \$1,280.00 to cover the \$950 three-month extension of time fee and \$330 Notice of Appeal fee is to be charged to Deposit Account No. 50-1066.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1066. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
 Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
MARTIN & FERRARO, LLP

Date: April 16, 2004
By: 
Thomas H. Martin
Registration No. 34,383

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